



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
INFORMAL RESOLUTION REQUEST

medw BS 9/25  
RECEIVED

INSTITUTION USE ONLY ☐ EMERGENCY COMPLAINT

OFFENDER NAME <b>Fleeman, Thomas</b>	SEP 28 2018	DOC NUMBER <b>1007064</b>
DATE STAFF MEMBER RECEIVED IRR <b>9-28-18</b>	COMPLAINT NUMBER <b>MCL 18 1145 -</b>	CATEGORY <b>Medical</b>
		HOUSING UNIT <b>2C-504</b>

STATE YOUR COMPLAINT/PROBLEM BRIEFLY- ONE ISSUE - BE SPECIFIC

I Need To be Treated for Hep-C. My White Blood cell count is so low I can't even Take I-prin with out The fear of a Stomach Bleed that my body could not clot. By not Treating me Medical is violating my 8th amendment right of not cruel & unusual punishment

ACTION REQUESTED: STATE REMEDIES YOU ARE SEEKING

To be Treated for Hep-C

OFFENDER SIGNATURE 	DATE <b>9-26-18</b>
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STAFF USE ONLY

DISCUSSION OF COMPLAINT (SUMMARIZE RESULTS OF MEETING)

RECEIVED

NOV 01 2018

ASSISTANT WARDEN

☐ IRR RESOLVED BY DISCUSSION/WITHDRAWN

☒ IRR NOT RESOLVED BY DISCUSSION

OFFENDER SIGNATURE 	DATE <b>10-29-18</b>	STAFF SIGNATURE <b>Andrea Crader RN</b>	DATE <b>10-29-18</b>
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STAFF FINDINGS/RESPONSE

INVESTIGATING STAFF SIGNATURE <b>ACrader RN</b>	DATE <b>10-29-18</b>	RESPONDENT SIGNATURE <b>ACrader RN</b>	DATE <b>10-29-18</b>
REVIEWER SIGNATURE <b>Blk Acting AW</b>	DATE <b>11-1-18</b>	RESULTS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	

YOU HAVE THE RIGHT TO FILE A FORMAL GRIEVANCE. YOU MUST FILE A GRIEVANCE FORM WITH THE DESIGNATED STAFF WITHIN SEVEN (7) DAYS FROM THE DATE YOU RECEIVE THIS RESPONSE. FAILURE TO SUBMIT A GRIEVANCE WITHIN THIS TIME FRAME CONSTITUTES ABANDONMENT.

OFFENDER SIGNATURE	DATE
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**Informal Resolution Request Response**

To: Fleeman, Thomas #1027064

Institution: Moberly Correctional Center

IRR Number: MCC-18-1145

Date of IRR: 09-28-18

Your IRR has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your health care providers, has been provided to you. This assessment of your medical needs may differ from your personal desires.

Your concern is understood to be: You want to be treated for Hepatitis C.

Subsequent to review and investigation, the results are as follows: We understand your concerns related to your diagnosis of Hepatitis C. Let me assure you we are providing everyone treatment in accordance to current priorities as opposed to "waiting until you get sick." We are currently working on those offenders who meet the definition of priority one. After treatment of priority one offenders, we will move on to priority two and then on to priority three offenders. During this time you will continue to be monitored by your site physician in a chronic care clinic. At this time, you meet the priority 3 definition and NP Davison determined your current treatment plan. You are to be followed every 12 months in chronic care, as well as lab values every 12 months. Should your health needs change, your priority level will be updated accordingly.

In conclusion, I find that you are a priority 3 and will be followed in chronic care every 12 months with labs.

If your medical condition changes, please address any concerns through the sick call process at MCC.

09/28/18

10/29/18

Date Received

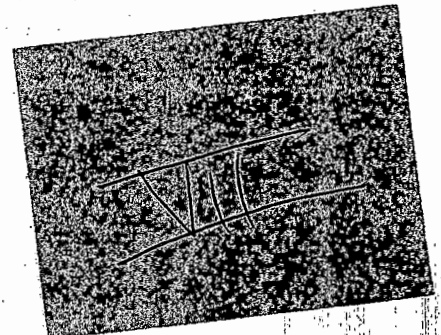
Date of Response

*Andrea Crader RN*  
Andrea Crader RN Director of Nursing

RECEIVED

NOV 01 2018

ASSISTANT WARDEN



RECEIVED



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
OFFENDER GRIEVANCE

GRIEVANCE NUMBER

IRR NUMBER

DATE FILED

NOV 06 2018

MCC-18-1145

MCC181145

RECEIVED

GRIEVANCE OFFICE  
MOBERLY CORRECTIONAL CTR.

INSTITUTION USE ONLY

OFFENDER LAST NAME

NOV 08 2018

DOC NUMBER

HOUSING UNIT

UNIT

INSTITUTION

FLEEMAN Thomas

1027064

2C

S041

MCC

OFFENDER GRIEVANCE/REQUEST

I am being denied my 8th amendment Right to no cruel and unusual punishment by being denied Treatment to hep-C. Medical States that they do not, and I quote "Wait untill you get sick" policy. They then contradicted them selves by stating that they only treat ~~hep-C~~ <sup>IF</sup> priority I patience with Hep-C. If one is a level one they are dying!! So ~~they~~ They only treat you after the Hep-C has done irreparable damage. I am in constant pain from my liver being swollen. If the Grievance Office denies me my right to Treatment I demand you put in writing that they do not believe the damage to my liver is a violation of my amendment rights upheld by the Supreme Court. I do not want yet another copy and paste print out of Medicals lies!

OFFENDER SIGNATURE

DATE

11.1.18

SUPERINTENDENT RESPONSE

See typed response

SUPERINTENDENT/SECTION HEAD

DATE

11/25/18

You have the right to appeal this decision to a division director. You must file an appeal form with the grievance officer within seven (7) days from the day you receive this decision. Failure to submit an appeal within this time frame constitutes abandonment of the grievance.

☐ I ACCEPT THIS DECISION

☐ I APPEAL THIS DECISION

OFFENDER SIGNATURE

DATE



GRIEVANCE RESPONSE

To: Thomas Fleeman #1027064

Institution: Moberly Correctional Center

Grievance Number: MCC-18-1145

Date of Grievance: November 6, 2018

Your Grievance has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your health care providers, has been provided to you. This assessment of your medical needs may differ from your personal desires.

Your concern is understood to be: You want to be treated for Hepatitis C.

Subsequent to review and investigation, the results are as follows: We understand your concerns related to your diagnosis of Hepatitis C. Let me assure you we are providing everyone treatment in accordance to current priorities as opposed to "waiting until you get sicker." We are currently working on those offenders who meet the definition of priority one. After treatment of priority one offenders, we will move on to priority two and then on to priority three offenders. During this time you will continue to be monitored by your site physician in a chronic care clinic. At this time, you meet the priority 3 definition as you did in April 2017 at ERDCC, March 2018 at MECC and again in June 2018 when you were seen here at MCC in the Hepatitis Chronic care clinic.

In conclusion, I find that you are a priority 3 and will be evaluated annually.

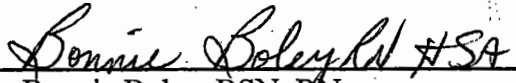
If your medical condition changes, please address any concerns through the sick call process at MCC.

November 8, 2018

November 12, 2018

Date Received

Date of Response

  
Bonnie Boley, BSN, RN  
Health Services Administrator

  
Dr. Ruanna Stamps M.D.  
Medical Director @ MCC

OFFENDER  
COPY



RECEIVED

STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
OFFENDER GRIEVANCE APPEAL

OFFENDER NAME (LAST NAME, FIRST)	GRIEVANCE NUMBER	DATE FILED
Fleeman, Thomas	MCC-18-1145	NOV 30 2018
	DOC NUMBER	GRIEVANCE OFFICE
	1027064	MOBERLY CORRECTIONAL CTR. MCC

## REASON FOR APPEAL

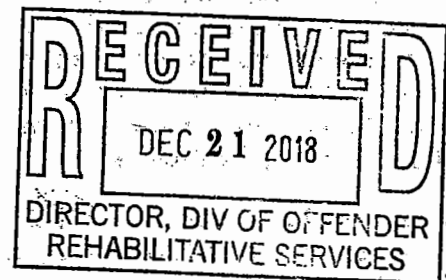
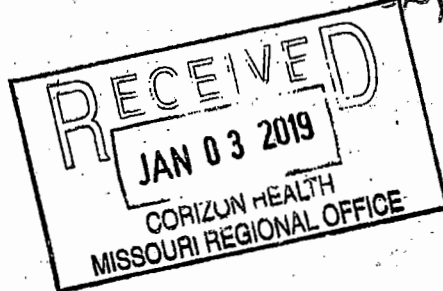
I am being denied my 8th Amendment right to no cruel and unusual punishment, by not being treated for Hep-C. I am being told by medical my liver enzymes are extremely high while my white blood cell count is so low that simple anti-inflammatory medication such as i-prin can cause me to bleed out internally, yet I can not be treated for hep-C. This is not because I do not qualify for treatment, but because the treatment is too expensive. The Health care Administrator and Medical Director of MCC are falsely claiming that I do not qualify for treatment and never have. They can not however change my blood test. If an outside party were to look at my files they would see that there <sup>is evidence</sup> ~~is~~ I qualify for treatment. Not only are they showing deliberate indifference to my medical needs they are stating that unless one is about to die of hep-C they will not treat them. Every day one is not treated is one more day of irreparable damage.

OFFENDER SIGNATURE

DATE

11-29-18

## RESPONSE

OFFENDER  
COPY

SIGNATURE	DATE
Finalization of this appeal represents exhaustion of this grievance pursuant to federal law, 28 CFRs 40	
OFFENDER SIGNATURE	DATE

**OFFENDER GRIEVANCE APPEAL  
RESPONSE**

**TO:** Fleeman, Thomas #1027064  
**INSTITUTION:** Moberly Correctional Center  
**GRIEVANCE:** MCC-18-1145  
**DATE OF APPEAL:** November 30, 2018

Your grievance appeal has been received and reviewed. As well, your medical record has been reviewed. The purpose of this review is to assure that timely and appropriate healthcare has been provided to you. This assessment of your medical needs may differ from your personal desires. Please note only one grievance issue will be addressed per IRR per MODOC policy.

I understand your one original IRR complaint to be you contend that you want to be treated for Hepatitis C.

Upon review of your medical record, grievance records and investigation of your, I found that you have a diagnosis of Hepatitis C. Your record shows that you were last evaluated/ examined in the chronic care clinic for Hepatitis C on June 7, 2018, and received recent lab testing by the medical staff at MCC, your records note that the results of your testing did not show a medical priority for you to receive treatment at this time. Priority status is determined by the calculations of the APRI score and FIB-4 score, along with the physical exam findings and history of certain other medical conditions. The APRI score is calculated using the AST level in the platelet count. The score is a predictor of cirrhosis. A FIB-4 score is also calculated using your age, AST level, ALT level and platelet count. The FIB-4 score helps to estimate the amount of scarring in the liver. You will continue to be monitored in the chronic care clinic on a routine basis; therefore you may address any further questions that may arise with the provider during these appointments. This monitoring will include a routine comprehensive metabolic panel (CMP), which includes an AST level, ALT level, and 22 other test. A complete blood count is also considered, particularly with regards to the platelet count. You are strongly encouraged to attend your chronic care clinic appointments as your need for treatment will be evaluated during every appointment.

**Conclusion:** Your record shows ongoing care and treatment for your medical/mental health issues by licensed, qualified healthcare professionals with many years of experience. We rely on the independent, discretionary medical judgment of the site physicians to determine what care, medication and treatment is need. This should resolve your grievance, no further action is indicated at this time. Should your medical condition change, please address any concerns through the sick call process at your facility.

January 03, 2019  
Date Received

January 07, 2019  
Date of Response

  
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J. Corfield  
Director Operations, Constituent Services

  
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T. Bredeman, D.O. Assoc. Regional Medical Director